

Kansas Mental Health and Substance Abuse Services Waiver

Kansas SRS Fact Sheet ~ 06.19.06

Waiver Authority: 1915 (b) Freedom of Choice Waiver
Date to be Submitted: June 30, 2006

WAIVER AUTHORITY PROGRAM REQUIREMENTS:

States may request Section 1915(b) waiver authority to operate programs that impact the delivery system of some or all of the individuals eligible for Medicaid in a state by

- mandatory enrollment of beneficiaries into managed care programs, and/or
- creating a "carve out" delivery system for specialty care, such as behavioral health care.

Section 1915(b) waiver programs may not be used to expand eligibility to individuals not eligible under the approved Medicaid state plan. States also have the option to use savings achieved by using managed care to provide additional services to Medicaid beneficiaries not typically provided under the state plan. To implement these programs, the Secretary of Health and Human Services may waive certain Medicaid requirements (statewide, comparability of services, and freedom of choice of provider). There are four types of authorities under Section 1915(b) that states may request:

- (b)(1) mandates Medicaid enrollment into managed care
- (b)(2) utilize a "central broker"
- (b)(3) uses cost savings to provide additional services
- (b)(4) limits number of providers for services

A Section 1915(b) waiver program cannot negatively impact beneficiary access, quality of care of services, and must be cost effective (cannot cost more than what the Medicaid program would have cost without the waiver). The application must be submitted to CMS by the Single State Medicaid Agency for review. Upon receiving the application, CMS has 90 days to approve, disapprove, or request additional information on the proposal. If CMS does not act within 90 days, the application is deemed approved. Section 1915(b) waiver programs are approved for 2-year periods, and states may submit renewal applications to continue these programs ongoing.

SUMMARY:

Kansas is seeking CMS approval of the **Kansas Mental Health and Substance Abuse Services Waiver** under the authority of 1915 (b) of the Social Security Act. This proposed waiver will apply to all Medicaid funded mental health and substance abuse services including existing 1915 (b) and (c) waivers for youth services. For ***mental health services***, CMHCs will be the core/primary providers. Other Licensed Mental Health Practitioners will be accessible to consumers through an associating provider agreement process with CMHCs, with all reimbursement for these outpatient services passing through them. The result will be a dynamic, durable and accessible range of services, all coordinated through CMHCs, responsive to the needs of consumers, accountable to quality outcomes, and efficiently managed within the availability of public resources. For ***substance abuse services*** the waiver will establish one statewide system manager that manages the complexities of the myriad state, federal, and Medicaid substance abuse funds to ensure access to a seamless system of care for people with substance abuse treatment needs. The goal is that consumers have access, through a single entity, to all services and the resources that finance substance abuse services and supports needed by consumers.

DELIVERY SYSTEM:

Mental Health Services will be provided utilizing a Prepaid Ambulatory Health Plan (PAHP). The system for delivering mental health services will consist of 27 mental health centers that are designated as “participating” mental health centers by law, and 2 “affiliated” mental health centers. Each of the participating mental health centers operates within the Osawatimie catchment area in eastern Kansas or the Larned catchment area in western Kansas, and each serves an area ranging in size from 1 to 20 counties. The two affiliated mental health centers are located in Shawnee and Sedgwick County. As non-risk prepaid ambulatory health plans, CMHCs will recruit providers and develop and oversee a comprehensive mental health provider network that assures access to care for all enrollees.

Substance Abuse Services will be provided utilizing a Prepaid Inpatient Health Plan (PIHP). Through a single statewide contract, the Kansas Substance Abuse Pre-Paid Inpatient Health Plan provides for the cooperative administration of Medicaid substance abuse services with the administration of Kansas Department of Social and Rehabilitation Services (SRS) state and federal block grant funded substance abuse treatment programs. The PIHP contractor is required to contract with providers of substance abuse treatment services who are appropriately licensed and meet the state of Kansas credentialing criteria, who agree to the standard contract provisions, and who wish to participate.

BENEFIT PACKAGE:

All Medicaid State Plan mental health, behavioral health and substance abuse services are included in the benefits package. Additionally, all HCBS SED waiver services are included in the benefits package. Prior authorization is required for services provided above the pre-specified initial authorization level. Prior authorization is also required to access institutional or residential care. In addition, the waiver will provide for additional services not covered in the Kansas State Medicaid Plan, including: Attendant Care, Case Conference, and the ASAM Levels of Care 3.1 and 3.3.

ELIGIBILITY and FREEDOM OF CHOICE:

All Kansas consumers who are Medicaid eligible and require mental health or substance abuse services are mandatorily enrolled in the PAHP or PIHP. Participants in the PAHP will be allowed to disenroll from one and re-enroll with another in situations when issues such as consumer choice, geographic access or quality of care warrant the change. Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for the Mentally Retarded (ICF/MR), who receive services through the SCHIP program and aliens who are eligible for Medicaid for an emergency condition only are excluded from participation.

Mental Health:

Enrollees will have free choice of providers within the PAHP and may change providers as often as desired. If an individual joins the PAHP and is already established with a provider who is not a member of the network, Kansas PAHPs will make every effort to arrange for the consumer to continue with the same provider if the consumer so desires. In this case, the provider would be requested to meet the same qualifications as other providers in the network. In addition, if an enrollee needs a specialized service that is not available through the network, PAHPs will arrange for the service to be provided outside the network if a qualified provider is available. Finally, except in certain situations, enrollees will be given the choice between at least two providers. Exceptions would involve highly specialized services which are usually available through only one agency in the geographic area.

Substance Abuse

Enrollees will have free choice of providers within the PIHP and may change providers as often as desired. If an individual joins the PIHP and is already established with a provider who is not a member of the network, Kansas PIHP will make every effort to arrange for the consumer to continue with the same provider if the consumer so desires. In this case, the provider would be requested to meet the same qualifications as other providers in the network. In addition, if an enrollee needs a specialized service that is not available through the network, PIHPs will arrange for the service to be provided outside the network if a qualified provider is available. Finally, except in certain situations, enrollees will be given the choice between at least two providers. Exceptions would involve highly specialized services which are usually available through only one agency in the geographic area.

QUALITY ASSURANCE:

The waiver requires quality assurance processes and measures around:

- access, including timeliness, distance, coordination and continuity of care, and provider capacity
- program impact, including grievance, information to beneficiaries, identification of targeted population, and
- ___quality of care.